

# BIG TOBACCO, BIG OPIOID, BIG WEED



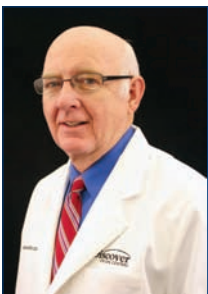
## *The Successful Commercialization of Habituation & Addiction*

*by John C. Hagan, III, MD*

### **Sham medical marijuana. How can it miss?**

**It's legal, it's addicting and, medical and moral judgments aside, it's a great investment.**

In 1964, John, Paul, George and Ringo, a.k.a. The Beatles, lamented “Money can’t buy me love.” Money may not buy love but money can assuredly buy votes and elections. Money, lots and lots of it, bought victory in the November 2018 election for Show-Me State Amendment 2-medical marijuana (weed, pot, cannabis, MJ, Mary Jane, grass, ganja, 420). I shall refer to this as ‘sham’ medical marijuana because marijuana is not a drug and its popularity is more about THC than CBD. THC (tetrahydrocannabinoid) is the high/euphoria producing component of cannabis; CBD (cannabidiol) is the medicinal properties non-high producing component.



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## Big Weed

"Big Weed" is the derisive name for the unseemly and avaricious conglomerate of cannabis growers, processors, distributors, dealers, Mexican drug cartels, users/abusers, investors, and other hanger-on's bent on making billions on medical, and inevitably recreational, marijuana.

Best estimates in 2018 are over \$5 million was spent in Missouri promoting three sham medical marijuana referenda. The disorganized 'mom and pop' opposition spent less than \$15,000. Big weed has been working to build support in Missouri for over 15 years.

Big Weed, and the high potency THC products it purveys, is the current darling of investors everywhere. The Wall Street Journal and investment advisors, such as The Motley Fool, predict cannabis stocks will experience the same exponential growth as Apple, eBay, and Amazon. By 2027 estimates are a \$57 billion-dollar world marijuana market with \$47 billion of that in North America.<sup>1</sup> How can it miss? It's legal, it's addicting and, medical and moral judgments aside, it's a great investment.

For \$5 million Big Weed in Missouri got commercials, signs, billboards, out-of-state but on-the-payroll bogus medical experts extolling the purported (but largely unproven) benefits of weed for everything from menstrual cramps to cancer. State-wide rallies were skillfully orchestrated, social media was filled with promises of a medical panacea. Paid organizers worked first to obtain the necessary number of signatures to get on the ballot. These paid workers canvased city areas felt to be sympathetic to marijuana and/or with a sizeable percentage of recreation users. Once on the ballot workers turned out the vote.

Big Weed promised easier access, a higher 'high', and expanded marijuana choice with lower prices. Habituation, addiction, cannabis caused physical and mental disease, the present availability of three FDA approved CBD-based drugs for childhood seizures (Epidolex), chemotherapy nausea and vomiting (Marinol), and appetite stimulation (Cesamet), and the unified opposition of all Missouri's physician organizations were never mentioned.

When sham medical marijuana passed in Colorado,

their healthcare organizations were uninvolved. When use of faux medical marijuana skyrocketed in the Centennial State it was only a matter of time till recreational pot was legalized. Problems related to easy access marijuana created catastrophic problems for Colorado physicians, hospitals, law enforcement, industry, and education. Driving under the influence of cannabis or mixed cannabis/alcohol increased with concomitant accidents, injuries,

The advertisement is a full-page spread with a red background. At the top, a large photograph of a middle-aged man in a white lab coat and tie, holding a cigarette, is shown. To his left, a yellow text box contains the following text:

He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

Below the photograph, the headline reads: *According to a recent Nationwide survey:*  
**MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE**

Below the headline, there are two columns of text. The left column starts with a large 'D' and reads: **DOCTORS** in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.

The right column features a photograph of a woman with a cigarette in her mouth, with a 'T-Zone' marked on her face. To the right of the woman, the text reads: **Your "T-Zone" Will Tell You...**

**T for Taste...**  
**T for Throat...**  
 that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."

At the bottom left, the Camel logo is shown with the text **CAMELS** and *Costlier Tobaccos*.

Figure 1. Physicians, dentists, nurses, celebrities were paid to encourage people to smoke.

Source: Stanford Research into the Impact of Tobacco Advertising

deaths, and disability. Colorado, due to sham medical and recreational marijuana has gone from one of the healthiest states in the USA to the fastest declining in public health parameters. What started as a referendum where oceans of money bought votes and won the election now directs how Missouri physicians practice medicine. Over the next decade widespread, high THC cannabis use will morph into a monstrous medical and social problem. (see related article page 482). Interested readers can find a summary of





Figure 2. Heroin was an over the counter product until 1914 and used for minor ailments.

Source: Prescription Drug Ads

Am. J. Ph.] 7 [December, 1901

**BAYER Pharmaceutical Products**

**HEROIN—HYDROCHLORIDE**

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

**The Cheapest Specific for the Relief of Coughs**  
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO

**FARBENFABRIKEN OF ELBERFELD COMPANY**  
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some of these vexations here: <https://rmhidta.org/files/D2DF/FINAL-%20Volume%205%20UPDATE%202018.pdf>

The Colorado physicians contacted Missouri physicians and urged us to oppose sham medical marijuana. To our credit, all the major state medical organizations came together and officially opposed all three sham medical marijuana referenda. This included the American Medical Association, Missouri State Medical Association, Missouri Association of Osteopathic Physicians & Surgeons, Kansas City Medical Society, St. Louis Metropolitan Medical Society, Greene County Medical Society, Missouri Pharmacy Association, and the organizations representing ophthalmology, emergency medicine, psychiatry, and family practice. Most medical groups also called on the FDA to change regulations to allow easier legitimate research on CBD cannabis; none of the sham medical marijuana referenda did so.

Noticeably, and inexcusably, sitting on the sidelines and remaining neutral was the Missouri Hospital Association. Other disappointments: Mothers Against Drunk Driving (MADD), school nurses' association, PTAs, religious denominations except the Baptists. Regrettably recommending "Yes" on Amendment 2: *The Kansas City Star* and *The St. Louis Post-Dispatch* newspapers.

Missouri law enforcement was vocal in opposition to easy marijuana. The Pueblo Colorado sheriff toured Missouri regaling our state police and sheriffs with the overwhelming amount of crime related to medical/recreational marijuana. Missouri law enforcement is bracing for a surge in marijuana-related crime and violence, including cartel illegal growing/selling.

As Nancy Pelosi infamously said in 2010, "We have to pass the bill so that you can find out what is in it." So too shall we in Missouri's health professions now try to understand what havoc Big Weed's voters have foisted on our profession. I predict in 6 to 12 years: that marijuana will be legalized for recreational use; widely diverted to younger and younger users and as socially accepted as alcohol; that medical and social problems from easy marijuana will parallel those that have predictably and inevitably occurred in other states like Colorado; that widespread marijuana use will be as detrimental to general health as tobacco abuse and the current opioid crisis.

Public health and social responsibility be damned, let's look how tobacco, opioids, and now marijuana have been marketed. Nothing sells like an addicting substance that many people can profit from marketing.

## Big Tobacco

Doctors, nurses, dentists, pharmacists, as well as popular celebrities were put on the payroll to extoll how salubrious and healthy smoking tobacco was. (Figure 1) Physicians recommended cigarettes for rough throats, anxiety reduction, and other minor ailments. Physicians, especially with financial ties to the tobacco industry, denied any connection of tobacco use with heart/lung/blood vessel disease, cancer or other now-proven tobacco caused illnesses. Free cigarettes were distributed to the public including teenagers. Big Tobacco chemists learned how to ramp-up the habituating nicotine content of cigarettes. Taste enhancers such as menthol were added. Nefarious effects of smoking were falsely advertised to be ameliorated by filters on cigs. When evidence accumulated about the many serious health problems caused by tobacco use, studies paid for by Big Tobacco somehow failed to show any causation. When the evidence was overwhelming and undeniable, black box warnings were put on tobacco products and lawsuits

began. These eventuated in the 1998 Tobacco Master Agreement Settlement that stipulated Big Tobacco pay \$206 billion over 25 years. See [https://en.wikipedia.org/wiki/Tobacco\\_Master\\_Settlement\\_Agreement](https://en.wikipedia.org/wiki/Tobacco_Master_Settlement_Agreement).

Tobacco continues to be a major health problem including soaring rates of e-cigarette use in the very young. Electronic 'vaping' of cannabis is common. The tort bar continues to reap profit suing Big Tobacco. And Big Tobacco just considers these judgment monies part of the cost of doing business. Big Tobacco also moved their addictive, health destroying product overseas, especially to under-developed countries with fewer health safe guards and far less litigation.



Figure 3. Figure 3. Russell Portenoy, MD, called by many 'The father of the opioid epidemic', while receiving industry monies encouraged physicians to prescribe 'low addicting potential' opioids. Also active was Kansas City's Center for Practical Bioethics.

Source: MedPage Today

## Big Opioids

Opium, cocaine, and heroin were sold over the counter until the Harrison Narcotics Act of 1914. These products were said by their manufacturers to be non-addicting and ideal for treating many common and minor diseases. Oblivious and gullible physicians recommended heroin and opium for childhood coughs and a wide variety of everyday ailments. (Figure 2)

Many thousands of civil war veterans were given unrestricted access to morphine and syringes to deal with war wound pain and became addicted. Physicians

unwittingly addicted hundreds of thousands of people, especially women with menstrual cramps and other common gynecological problems, by freely dispensing "Laudanum" which is opium in an alcohol base. After the addicting and health destroying properties of opium-based narcotics were belatedly recognized and regulated much of the highly addicting substances were manufactured and distributed by criminal networks. Until Purdue Pharma and the egregious multi-billionaire Sackler clan came along.<sup>2,3</sup> Contributing Editor Art Gale, MD, in *Missouri Medicine* has summarized how Purdue claimed their opioids were non-addicting and paid an astounding number of pain medicine specialists

to shill their products. (Figure 3) Purdue was the first company to pay sales representatives bonuses based on the amounts of opioids their area physicians prescribed. In one year over \$40 million was paid to Purdue sales reps. Dr. Gale's article can be found at: [http://www.omagdigital.com/publication/?i=327880#{%22issue\\_id%22:327880,%22page%22:6}](http://www.omagdigital.com/publication/?i=327880#{%22issue_id%22:327880,%22page%22:6})

The opioid crisis is one of the pre-eminent health problems of present-day America. The opioid industry used Big Tobacco's game plan: falsely claim unfettered health benefits for the product, deny addicting, habituating or unhealthful properties; pay pain-specialists to shill for them. The opioid industry was so successful that in the late 90s and early 2000s as much as \$16-20 million in legal judgments were awarded against physicians, hospitals,

clinics, nursing homes for withholding opioids from patients. Now the same lawyers are suing the same types of defendants for prescribing opioids. Tort lawyers will always find a way to flourish in the United States of Litigation. However, I am rooting for the numerous states' attorneys general in their collective efforts to win massive judgments against Purdue Pharma.

## Big Weed

Big Weed, noting the success of Big Tobacco and Big Opioid, has successfully used the same *modus operandi*.

Extraordinary but unproven benefits are claimed for cannabis. Use of cannabis is purported to be non-habituating or addicting. Physicians, 'scientists', and alleged 'medical' users are paid to say nice things about medical marijuana. Money, money, and more money is poured into target states. Swarms of paid individuals collect signatures to place sham medical marijuana on the ballot. If marijuana is voted down, more money, more propaganda, more advertising is used and the issue appears in the next election. All it needs to pass is once.

Some of the contradictions on marijuana are staggering. People that think that the age for purchase of tobacco products should be raised to twenty-one support laws that make cannabis easily diverted to minors. People that think it should be illegal to sell sugary soft drinks have no problem with demonizing sugar but lionizing cannabis. They seem oblivious, perhaps intentionally so, to the voluminous and thoroughly researched literature on cannabis caused and aggravated diseases.<sup>4,5</sup>

Laura Kelly, newly elected governor of Kansas, is on record saying she supports medical marijuana but "done Kansas style." She believes, evidence to the contrary,<sup>6</sup> that pot will eliminate the opioid crisis. All states, including our own, show similar hubris. States believe they can release the evil cannabis genie from the bottle and make it behave. Evil cannabis genie will never behave.

At some future point the public, the tort bar, the medical profession, and the government will all understand that the claims of Big Weed were just as specious as those of Big Tobacco and Big Opioid. Then there will be a huge amount of litigation eventuating in class action lawsuits against Big Weed who will pay billions in reparations as did tobacco and opioids. There is so much money to be made off the habituated public that it will be just another ledger entry under the rubric "Costs of doing business."

Just how difficult is it dealing with addictive substances. Let's look at a group of intelligent, educated individuals knowledgeable in health matters and presumably wishing to stay healthy. Let's look at physicians and medical students. Fewer than 2% of US physicians smoke cigarettes down from over 50% in the early 1950s.<sup>7</sup> In the present general population about

16-17% smoke tobacco. Opioid addiction among physicians, nurses and other healthcare workers is said to be extremely high.<sup>8</sup> Physicians still prescribe too many opioids and are generally not comfortable recognizing and treating opioid addiction. What about marijuana? In a 2015 survey of physicians by Medscape,<sup>9</sup> 25% of physicians reported previous use of marijuana recreationally with 3% reporting current use. However, a 2018 study<sup>10</sup> shows that medical students world wide including the USA (note Table 1 in the reference) are very high (more ways than one) in their use of recreational marijuana. The overall prevalence of current marijuana use in medical students was 8.8%.<sup>7</sup> Hopefully, as with cigarette smoking, when physicians learn more about the detrimental effects of cannabis on general health fewer physicians and medical students will use cannabis for pleasure.

What started as a referendum where oceans of money bought votes and won the election now directs how Missouri physicians practice medicine. Over the next decade widespread, high THC cannabis use will morph into a monstrous medical and social problem.

Missouri, and soon the rest of our nation, has truly gone to pot!

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## Disclosure

The author has not used cannabis, tobacco or opioids and has no financial investments in these industries. The opinions in this article represent those of the author and not necessarily the MSMA.

**MM**